

PERSONNEL INFORMATION

2025

PLEASE TYPE OR PRINT

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

E-Mail Address: _____

- If hired for a Union position, information is shared with Union Leadership per PERA (Public Employment Relations Act)
- If you qualify for confidential address, please provide copy of participation card.

1. Cell Phone Number (_____
(Not for publication; for Emergency use & School Messenger)

2. Date of Birth: _____

3. Are you a relative to anyone currently employed at Shiawassee RESD ____ No ____ Yes-

If yes, please provide Shiawassee RESD employee name & relationship: _____

4. Race or Ethnicity (Optional) _____

5. Emergency Contacts: (Please list 2 people in case we cannot reach the first person.)

#1 Name _____ Relationship _____

Phone _____

#2 Name _____ Relationship _____

Phone _____

6. Optional

Physician Name _____ Phone _____

Allergies _____

Current Medications or Treatments (optional) _____

Signature _____ Date _____

New Hire _____ Annual Update _____ Information Change/Update _____

Provide copy to Human Resources & Benefits Administrator: Yvonne Brown & Dawn Brandt